

CDP



Research Update -- February 3, 2022

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<https://doi.org/10.1001/jamanetworkopen.2021.44776>

Trends in Psychological Distress Among US Adults During Different Phases of the COVID-19 Pandemic.

McGinty, E. E., Presskreischer, R., Han, H., & Barry, C. L.

JAMA Network Open
2022 Jan 4; 5(1): e2144776

Before the 2020 onset of the COVID-19 pandemic, the prevalence of serious psychological distress among US adults was consistently at 3% to 4%.⁴ In this survey study, we found persistently elevated psychological distress among US adults at 4 time points spanning from April 2020 through July to August 2021. Although some evidence supports waning distress in May and June 2020 as the first major wave of COVID-19 cases declined,⁵ each of our surveys was fielded at a time of increasing case counts in the US overall. More than three-quarters of respondents with sustained serious distress across 3 to 4 waves reported accessing treatment, a promising finding given long-standing mental health treatment gaps in the US.

This study has some limitations. Our results may not capture fluctuations in psychological distress at time points not included in the 4 survey waves. We were unable to identify specific drivers of distress or compare estimates of help-seeking in July to August 2021 to prepandemic levels. Limiting our sample to respondents to all 4 waves may have led to underestimation of the prevalence of serious distress owing to survivorship bias.⁶ NORC AmeriSpeak uses probability-based recruitment to minimize sampling bias, and survey weights are adjusted for nonresponse, but the sample may not be representative of broader populations.²

As the results of this study suggest, psychological distress among US adults has been elevated during the COVID-19 pandemic. Future research should consider whether and how pandemic-related distress translates into long-term shifts in population mental health burden and service needs.

<https://doi.org/10.1037/ser0000579>

Individual symptom reduction and post-treatment severity: Varying levels of symptom amelioration in response to prolonged exposure for post-traumatic stress disorder.

Cox, K. S., Wiener, D., Rauch, S. A. M., Tuerk, P. W., Wangelin, B., & Acierno, R.

Psychological Services
Advance online publication

Many patients evince significant post-traumatic stress disorder (PTSD) symptoms after a dose of an evidence-based treatment (EBT) for PTSD. Little research systematically addresses if individual PTSD symptoms are more or less resistant to change through an EBT for PTSD or have greater or lesser post-treatment severity levels. Two studies within VA medical centers provided data. Study 1 (n = 81) was drawn from a randomized clinical trial of Prolonged Exposure (PE), an EBT for PTSD. Study 2 (n = 225) was drawn from two PTSD specialty clinics employing PE. Symptoms were assessed pre- and post-treatments via semi-structured clinician interview (Study 1) and patient self-report (Studies 1 and 2). Most individual symptoms reduced about the same amount through the course of treatment except for avoidance, which showed greater reductions. High heterogeneity in post-treatment symptom severity was found with troubled sleep and hypervigilance displaying above average levels, and traumatic amnesia, foreshortened future, and flashbacks displaying below average levels. Method of symptom measurement had a modest impact on results, as semi-structured clinical interview results were moderately more differentiated than self-report measures. Results were generally consistent between an efficacy (i.e., extremely high, potentially artificial methodological control) and effectiveness (i.e., relatively more real world) context. Primary limitation is analysis of single items on semi-structured clinician interview and patient self-report scale when psychometric validation studies did not interpret measures this way. Moreover, DSM-IV criteria for PTSD were assessed. EBT augmentation and new treatment development should focus on further reducing both PTSD symptoms in general and on the specific symptoms of troubled sleep and hypervigilance, which persist to a greater degree. (Psychnfo Database Record (c) 2021 APA, all rights reserved)

<https://doi.org/10.1002/jts.22785>

A prospective examination of health care costs associated with posttraumatic stress disorder diagnostic status and symptom severity among veterans.

Kelly L. Harper, Samantha Moshier, Stephanie Ellickson-Larew, Martin S. Andersen, Blair E. Wisco, Colin T. Mahoney, Terence M. Keane, Brian P. Marx

Journal of Traumatic Stress

First published: 14 January 2022

Posttraumatic stress disorder (PTSD) is associated with increased health care costs; however, most studies exploring this association use PTSD diagnostic data in administrative records, which can contain inaccurate diagnostic information and be confounded by the quantity of service use. We used a diagnostic interview to determine PTSD diagnostic status and examined associations between PTSD symptom severity and health care costs and utilization, extracted from Veteran Health Administration (VHA) administrative databases. Using a nationwide longitudinal sample of U.S. veterans with and without PTSD (N = 1,377) enrolled in VHA health care, we determined the costs and utilization of mental health and non-mental health outpatient, pharmacy, and inpatient services for 1 year following cohort enrollment. Relative to veterans without PTSD, those with PTSD had higher total health care, B = 0.47; mental health clinic care, B = 0.72; non-mental health clinic care, B = 0.30; and pharmacy costs, B = 0.72, ps < .001. More severe PTSD symptoms were associated with mental health clinic care costs, B = 0.12; non-mental health clinic care costs, B = 0.27; and higher odds of inpatient, B = 0.63, and emergency service use, B = 0.39, p < .001–p = .012. These findings indicate that veterans' PTSD status, determined by a clinician-administered semistructured diagnostic interview, was associated with higher health care costs and increased use of mental health and non-mental health clinic services. The findings also suggest that more severe PTSD is associated with increased costs and utilization, including costly emergency and inpatient utilization.

<https://doi.org/10.1002/jts.22795>

The longitudinal course of posttraumatic stress disorder symptoms in war survivors: Insights from cross-lagged panel network analyses.

Pascal Schlechter, Jens H. Hellmann, Richard J. McNally, Nexhmedin Morina

Journal of Traumatic Stress

First published: 14 January 2022

Many war survivors suffer from chronic posttraumatic stress disorder (PTSD). Unraveling the complexities of PTSD symptoms over time is crucial for understanding this condition. Going beyond a common pathogenic pathway perspective, we applied the network approach to psychopathology to analyze longitudinal data from war survivors with PTSD in five Balkan countries approximately 8 years after war in the region and a follow-up assessment 1 year later (N = 698). PTSD diagnosis was established using the Mini-International Neuropsychiatric Interview, and PTSD symptoms were assessed using the Impact of Events Scale–Revised. Undirected cross-sectional networks for baseline and follow-up revealed no differences in the overall connectivity between these two networks. The intrusion symptom “I had waves of strong feelings about it” had the strongest expected influence centrality. Directed cross-lagged panel network models indicated that hyperarousal symptoms predicted other PTSD symptoms from baseline to follow-up, whereas several avoidance symptoms were predicted by other PTSD symptoms. The findings underscore the importance of emotional reactions and further suggest that hyperarousal symptoms may influence other PTSD symptoms. Future research should investigate causality and associations between between-person and within-person networks.

<https://doi.org/10.1111/jsr.13553>

Sleep, substance misuse and addictions: a nationwide observational survey on smoking, alcohol, cannabis and sleep in 12,637 adults.

Damien Leger, Raphaël Andler, Jean-Baptiste Richard, Viêt Nguyen-Thanh, Olivier Collin, Mounir Chennaoui, Arnaud Metlaine

Journal of Sleep Research

First published: 27 January 2022

For a good night’s sleep, we consensually recommend avoiding alcohol, smoking and drugs. However, these addictions are highly prevalent in the general population, and it is difficult to estimate their real impact on sleep. The aim of this study is to clarify the association between sleep habits and disorders, and addictions. The design was a telephone crossover national recurrent health poll survey (Santé publique France,

Baromètre santé, 2017; Questionnaire, pp. 53; Saint Maurice) in a representative sample of French adults. There were 12,367 subjects (18–75 years old) who answered the survey. Sleep log items assessed sleep schedules (total sleep time) on work and leisure days: at night, while napping, and over 24 hr using a sleep log. Retained items include: (1) short sleep (≤ 6 hr/24 hr); (2) chronic insomnia (International Classification of Sleep Disorders, 3rd edition criteria); and (3) chronotype (evening–morning–neutral). Psychoactive substances retained included tobacco (current or former users), alcohol (daily consumption and weekly binge drinking), cannabis (Cannabis Abuse Screening Test), and other drugs (consumption during the past year). We found that: (1) daily smokers (lightly or heavily dependent) were more frequently short sleepers than occasional smokers and non-smokers; (2) heavily dependent daily smokers were more likely to suffer from insomnia than other smokers or non-smokers; (3) short sleep and insomnia were not significantly associated with the consumption of alcohol, cannabis or any other drug; (4) the evening chronotype was significantly associated with the consumption of tobacco, alcohol and cannabis. In conclusion, our study highlights significant relationships between the use of psychoactive substances and sleep characteristics among adults, emphasizing the need to take into account each subject individually.

<https://doi.org/10.1001/jamanetworkopen.2021.30810>

Association Between Responsibility for the Death of Others and Postdeployment Mental Health and Functioning in US Soldiers.

Khan, A. J., Campbell-Sills, L., Sun, X., Kessler, R. C., Adler, A. B., Jain, S., Ursano, R. J., & Stein, M. B.

JAMA Network Open
2021 Nov 1; 4(11): e2130810

Importance:

Rates of suicidal thoughts and behaviors (STBs) in US soldiers have increased sharply since the terrorist attacks on September 11, 2001, and postdeployment posttraumatic stress disorder (PTSD) remains a concern. Studies show that soldiers with greater combat exposure are at an increased risk for adverse mental health outcomes, but little research has been conducted on the specific exposure of responsibility for the death of others.

Objective:

To examine the association between responsibility for the death of others in combat and mental health outcomes among active-duty US Army personnel at 2 to 3 months and 8 to 9 months postdeployment.

Design, setting, and participants:

This cohort study obtained data from a prospective 4-wave survey study of 3 US Army brigade combat teams that deployed to Afghanistan in 2012. The sample was restricted to soldiers with data at all 4 waves (1-2 months predeployment, and 2-3 weeks, 2-3 months, and 8-9 months postdeployment). Data analysis was performed from December 12, 2020, to April 23, 2021.

Main outcomes and measures:

Primary outcomes were past-30-day PTSD, major depressive episode, STBs, and functional impairment at 2 to 3 vs 8 to 9 months postdeployment. Combat exposures were assessed using a combat stress scale. The association of responsibility for the death of others during combat was tested using separate multivariable logistic regression models per outcome adjusted for age, sex, race and ethnicity, marital status, brigade combat team, predeployment lifetime internalizing and externalizing disorders, and combat stress severity.

Results:

A total of 4645 US soldiers (mean [SD] age, 26.27 [6.07] years; 4358 men [94.0%]) were included in this study. After returning from Afghanistan, 22.8% of soldiers (n = 1057) reported responsibility for the death of others in combat. This responsibility was not associated with any outcome at 2 to 3 months postdeployment (PTSD odds ratio [OR]: 1.23 [95% CI, 0.93-1.63]; P = .14; STB OR: 1.19 [95% CI, 0.84-1.68]; P = .33; major depressive episode OR: 1.03 [95% CI, 0.73-1.45]; P = .87; and functional impairment OR: 1.12 [95% CI, 0.94-1.34]; P = .19). However, responsibility was associated with increased risk for PTSD (OR, 1.42; 95% CI, 1.09-1.86; P = .01) and STBs (OR, 1.55; 95% CI, 1.03-2.33; P = .04) at 8 to 9 months postdeployment. Responsibility was not associated with major depressive episode (OR, 1.30; 95% CI, 0.93-1.81; P = .13) or functional impairment (OR, 1.13; 95% CI, 0.94-1.36; P = .19). When examining enemy combatant death only, the pattern of results was unchanged for PTSD (OR, 1.44; 95% CI, 1.10-1.90; P = .009) and attenuated for STBs (OR, 1.46; 95% CI, 0.97- 2.20; P = .07).

Conclusions and relevance:

This cohort study found an association between being responsible for the death of others in combat and PTSD and STB at 8 to 9 months, but not 2 to 3 months,

postdeployment in active-duty soldiers. The results suggest that delivering early intervention to those who report such responsibility may mitigate the subsequent occurrence of PTSD and STBs.

<https://doi.org/10.1016/j.jad.2021.10.078>

Problematic anger and economic difficulties: Findings from the Millennium Cohort Study.

Adler, A. B., LeardMann, C. A., Yun, S., Jacobson, I. G., Forbes, D., & Millennium Cohort Study Team

Journal of Affective Disorders
2022 Jan 15; 297: 679-685

Background:

The role of problematic anger in relation to economic difficulties is not well understood. This study examined the association of problematic anger with 4 elements of economic difficulties among service members and veterans.

Methods:

Study participants (n = 95,895) were from the Millennium Cohort Study, and included U.S. service members and veterans; analyses were restricted to a Reserve/National Guard and/or veteran sample as appropriate. Key measures included the Dimensions of Anger Reactions scale and self-reported economic variables (involuntary job loss, financial problems, unemployment and homelessness). Covariates included demographics, military characteristics, disabling injury or illness, problem drinking, posttraumatic stress disorder, and major depressive disorder. The study design was cross-sectional.

Results:

Among all participants, 17.4% screened positive for problematic anger, 29.7% reported involuntary job loss, and 6.4% reported financial problems. After adjustment for covariates, problematic anger was associated with involuntary job loss (AOR=1.28; 95% CI: 1.22, 1.33) and financial problems (AOR=1.46; 95% CI: 1.36, 1.57). Among veterans, 12.1% reported being unemployed; among Reserve/National Guard and veterans, 2.3% reported homelessness. Problematic anger was associated with

unemployment (AOR=1.28, 95% CI: 1.18, 1.37) and homelessness (AOR=1.33; 95% CI: 1.16, 1.52) after adjusting for covariates.

Limitations:

The study relied on self-report data and directionality could not be established.

Conclusions:

Problematic anger was significantly associated with involuntary job loss, financial problems, unemployment and homelessness, even after adjusting for relevant covariates. These findings have clinical relevance in demonstrating the potential for targeting problematic anger in service members and veterans.

<https://doi.org/10.1080/08854726.2020.1793094>

The role of military chaplaincy in addressing service member help avoidance: A critical review with treatment implications.

Prazak, M., & Herbel, D. O.

Journal of Health Care Chaplaincy
Jan-Mar 2022; 28(1): 108-127

The problem of suicide and mental health difficulties generally among military service members has a prominent and central role at present. Notoriously, suicides have long represented more military deaths than actual combat. However, despite attempts to address this and related difficulties, the problem continues to rise, rather than subsist. The present review begins with an exploration of the severity and prevalence of mental health difficulties in the military, with a focus on suicide and trauma in particular. It then identifies and expands upon the three key barriers to help-seeking within a military context, and applies the aforementioned discussion to the valuable but understudied and underutilized role of healthcare chaplaincy in a military setting. Discussion of the steps that may be taken to better communicate the value and function of healthcare chaplaincy across the service from leadership to service members follows.

<https://doi.org/10.1080/02699052.2022.2033843>

Clinical research findings from the long-term impact of military-relevant brain injury consortium-Chronic Effects of Neurotrauma Consortium (LIMBIC-CENC).

Cifu D. X.

Brain Injury
2022 Jan 26 ;1-11

This is a summary of the published research from the 14 observational, longitudinal and big-data, epidemiological studies supported by the LIMBIC-CENC program from 2013-2021 examining the long-term effects of combat-related traumatic brain injury (TBI). Findings from these 43 primary and secondary analyses include: 1) unique fluid, advanced neuroimaging and electrophysiologic biomarkers associated with mild traumatic brain injury (mTBI), number of mTBIs and related dysfunction, 2) increases in a range of chronic difficulties, including neurosensory, sleep, pain, cognitive deficits, behavioral disorders, overall symptom burden, healthcare costs and service-connected disability, associated with mTBI, all-severity traumatic brain injury (TBI), blast exposure, and number of mTBIs, and 3) increases in the risk for suicide and neurodegeneration, including dementia and Parkinson's disease, associated with mTBI and all-severity TBI. Ongoing LIMBIC-CENC longitudinal and epidemiologic research will clarify, confirm and expand upon these findings.

<https://doi.org/10.1016/j.cpr.2021.102100>

Pathways to mental health care in active military populations across the Five-Eyes nations: An integrated perspective.

Fikretoglu, D., Sharp, M. L., Adler, A. B., Bélanger, S., Benassi, H., Bennett, C., Bryant, R., Busuttill, W., Cramm, H., Fear, N., Greenberg, N., Heber, A., Hosseiny, F., Hoge, C. W., Jetly, R., McFarlane, A., Morganstein, J., Murphy, D., O'Donnell, M., Phelps, A., ... Pedlar, D.

Clinical Psychology Review
2022 Feb; 91: 102100

Military service is associated with increased risk of mental health problems. Previous reviews have pointed to under-utilization of mental health services in military populations. Building on the most recent systematic review, our narrative, critical review takes a complementary approach and considers research across the Five-Eyes nations from the past six years to update and broaden the discussion on pathways to mental healthcare in military populations. We find that at a broad population level, there is improvement in several indicators of mental health care access, with greater gains in initial engagement, time to first treatment contact, and subjective satisfaction with care, and smaller gains in objective indicators of adequacy of care. Among individual-level barriers to care-seeking, there is progress in improving recognition of need for care and reducing stigma concerns. Among organizational-level barriers, there are advances in availability of services and cultural acceptance of care-seeking. Other barriers, such as concerns around confidentiality, career impact, and deployability persist, however, and may account for some remaining unmet need. To address these barriers, new initiatives that are more evidence-based, theoretically-driven, and culturally-sensitive, are therefore needed, and must be rigorously evaluated to ensure they bring about additional improvements in pathways to care.

<https://doi.org/10.1136/bmjmilitary-2021-001903>

Veteran help-seeking behaviour for mental health issues: a systematic review.

Randles, R., & Finnegan, A.

BMJ Military Health
2022 Feb; 168(1): 99-104

Introduction:

Serving military personnel and veterans have been identified to have a high prevalence of mental health disorders. Despite this, only a significantly small number seek mental healthcare. With the UK beginning to invest further support to the armed forces community, identification of barriers and facilitators of help-seeking behaviour is needed.

Methods:

Corresponding literature search was conducted in PsycINFO, PsycArticles, Medline, Web of Science and EBSCO. Articles which discussed barriers and facilitators of seeking help for mental health concerns in the veteran population were included. Those

which discussed serving personnel or physical problems were not included within this review. A total of 26 papers were analysed.

Results:

A number of barriers and facilitators of help-seeking for a mental health issue within the veteran population were identified. Barriers included stigma, military culture of stoicism and self-reliance, as well as deployment characteristics of combat exposure and different warzone deployments. Health service difficulties such as access and lack of understanding by civilian staff were also identified. Facilitators to help combat these barriers included a campaign to dispel the stigma, including involvement of veterans and training of military personnel, as well as more accessibility and understanding from healthcare staff.

Conclusions:

While some barriers and facilitators have been identified, much of this research has been conducted within the USA and on male veterans and lacks longitudinal evidence. Further research is needed within the context of other nations and female veterans and to further indicate the facilitators of help-seeking among veterans.

<https://doi.org/10.1016/bs.irn.2020.09.003>

Traumatic brain injury and the misuse of alcohol, opioids, and cannabis.

Jacotte-Simancas, A., Fucich, E. A., Stielper, Z. F., & Molina, P. E.

International Review of Neurobiology
2021; 157: 195-243

Traumatic brain injury (TBI), most often classified as concussion, is caused by biomechanical forces to the brain resulting in short- or long-term impairment in brain function. TBI resulting from military combat, sports, violence, falls, and vehicular accidents is a major cause of long-term physical, cognitive, and psychiatric dysfunction. Psychiatric disorders associated with TBI include depression, anxiety, and substance use disorder, all having significant implications for post-TBI recovery and rehabilitation. This chapter reviews the current preclinical and clinical literature describing the bidirectional relationship between TBI and misuse of three commonly abused drugs: alcohol, opioids, and cannabis. We highlight the influence of each of these drugs on the incidence of TBI, as well as trends in their use after TBI. Furthermore, we discuss

factors that may underlie post-injury substance use. Understanding the complex relationship between TBI and substance misuse will enhance the clinical treatment of individuals suffering from these two highly comorbid conditions.

<https://doi.org/10.1002/jcop.22523>

The interaction of exposure to adverse childhood and combat experiences on the current mental health of new post-9/11 veterans.

Morgan, N. R., Aronson, K. R., Perkins, D. F., Doucette, C. E., Bleser, J. A., Davenport, K., Vogt, D., Copeland, L. A., Finley, E. P., & Gilman, C. L.

Journal of Community Psychology
2022 Jan; 50(1): 204-220

Military veterans have greater exposure to adverse childhood experiences (ACEs) than civilians and many also encounter warfare exposures, which can increase the likelihood of mental health problems. The purpose of this study was to test an interaction between childhood traumas and warfare exposures on the mental health of a sample of nearly 10,000 new post-9/11 veterans. Results revealed that male veterans exposed to one or two ACEs, but no warfare, were more likely to experience anxiety, depression, suicidal thinking, and angry outbursts than the reference group (i.e., no ACEs and no warfare exposure). Female veterans exposed to one or two ACEs, but no warfare, were only more likely to experience suicidal thinking. Male and female veterans exposed to three or more ACEs and no warfare were more likely to experience probable posttraumatic stress disorder (PTSD), anxiety, depression, suicidality, and angry outbursts. Among those veterans who experienced corollaries of combat only (e.g., seeing someone killed or seriously wounded), male, but not female veterans were more likely to have probable PTSD, anxiety, and depression. Veterans exposed to warfare (i.e., combat and the corollaries of combat), irrespective of ACEs exposure, were the most likely to report mental health symptoms. Implications for community-based mental health services are discussed.

<https://doi.org/10.1136/bmjmilitary-2020-001622>

Exploring the impact of COVID-19 and restrictions to daily living as a result of social distancing within veterans with pre-existing mental health difficulties.

Murphy, D., Williamson, C., Baumann, J., Busuttil, W., & Fear, N. T.

BMJ Military Health
2022 Feb; 168(1): 29-33

Introduction:

Data are emerging showing the adverse consequences on mental health of the general public due to the COVID-19 pandemic. Little is known about the needs of veterans with pre-existing mental health difficulties during the COVID-19 pandemic.

Methods:

Data were collected through a cross-sectional online survey from a randomly selected sample (n=1092) of military veterans who have sought help for mental health difficulties from a veteran-specific UK-based charity. The response rate was 25.2% (n=275). Participants were asked to complete a range of standardised mental health outcomes (post-traumatic stress disorder (PTSD): Post-traumatic Stress Disorder Checklist, common mental health difficulties (CMDs): 12-Item General Health Questionnaire, difficulties with anger: 5-Item Dimensions of Anger Reactions-Revised and alcohol misuse: Alcohol Use Disorders Identification Test) and endorse a list of potential stressors related to changes to daily life resulting from COVID-19. Regression analyses were fitted to explore predictors of mental health severity.

Results:

It was observed that symptoms of common mental disorder and PTSD (69.3% and 65.0%, respectively) were the most commonly reported to have been exacerbated by the pandemic. Lack of social support and reporting increasing numbers of stressors related to COVID-19 were consistently associated with increasing severity of a range of mental health difficulties.

Conclusions:

Our findings suggest veterans who had pre-existing mental health difficulties prior to the outbreak of COVID-19 may be at increased risk of experiencing CMDs as a result of the pandemic. Intervening to improve levels of social support and offering practical guidance to better manage any additional stressors relating to the pandemic may provide strategies to help reduce the burden of mental health symptoms.

<https://doi.org/10.1080/08995605.2021.1994329>

Military self-stigma as a mediator of the link between military identity and suicide risk.

Sam Cacace, Emily J. Smith, Robert J. Cramer, Alan Meca & Sarah L. Desmarais

Military Psychology

Published online: 16 Dec 2021

US military Veterans are at greater risk for suicide than those who have never served in the US military. Recent federal calls include the need to investigate military-specific suicide risk and protective factors among military-affiliated populations. To date, no study has examined the link between military identity, self-stigma, and suicide risk. The current study used a nationally representative sample of post-Vietnam US military Veterans (N = 1,461) in order to determine relationships between military identity, self-stigma, and suicide risk. Idealism (OR = 0.86) with less odds of elevated suicide risk, whereas individualism (OR = 1.15) and military self-stigma (OR = 1.39) were associated with increased odds of elevated suicide risk. Military self-stigma was found to mediate the relationship between military identity components and suicide risk. Implications for conceptualization of military Veteran identity, suicide prevention, and future research are discussed.

<https://doi.org/10.1080/08995605.2021.1997501>

Assessing the dimensionality and construct validity of the military stigma scale across current service members.

Carlos A. Vidales, Derek J. Smolenski, Nancy A. Skopp, David Vogel, Nathaniel Wade, Sean Sheppard, Katrina Speed, Kristina Hood & Patricia Cartwright

Military Psychology

Published online: 17 Dec 2021

US service members are at elevated risk for distress and suicidal behavior, compared to the general US population. However, despite the availability of evidence-based treatments, only 40% of Service members in need of mental health care seek help. One potential reason for the lower use of services is that service members experience stigma or concerns that the act of seeking mental health care from a mental health provider carries a mark of disgrace. The Military Stigma Scale (MSS) was designed to assess two theoretical dimensions of help-seeking stigma (public and self), specifically among service members. The goal of the current study was to further examine the validity of the MSS among 347 active duty service members. Examination of unidimensional, two-factor, and bifactor models revealed that a bifactor model, with a general (overall stigma), two specific factors (public and self-stigma), and one method factor (accounting for negatively worded items) provided the best fit to the data. Ancillary reliability analyses also supported the MSS measuring a broad stigma factor associated with seeking mental health care in the military. Subsequent model analyses showed that the MSS was associated with other stigma-related constructs. Overall, findings suggest that the MSS is a reliable and validated scale that can be used to assess military help-seeking stigma and to evaluate results of programs designed to reduce stigma.

<https://doi.org/10.1037/ort0000590>

Suicidal ideation in Iraq and Afghanistan veterans with mental health conditions at risk for homelessness.

Keller, A. V., Clark, J. M. R., Muller-Cohn, C. M., Jak, A. J., Depp, C. A., & Twamley, E. W.

American Journal of Orthopsychiatry
Advance online publication

Suicide prevention among Veterans is a national priority. Overlap exists between conditions that may increase risk for suicide (e.g., mental health conditions, financial stressors, lack of social support) and homelessness among Veterans. We examined predictors of variance in suicidal ideation (SI) among 58 Iraq/Afghanistan Veterans at risk for homelessness who were receiving residential mental health treatment. Participants were classified as SI nonendorsers ($n = 36$) or SI endorsers ($n = 22$), based on their Patient Health Questionnaire-9 (PHQ-9) responses. Independent t tests and chi-square tests were used to examine group differences on baseline demographic

variables, neuropsychological measures, and emotional/physical health symptom measures. Compared to nonendorsers, SI endorsers were significantly younger and reported less Veterans Affairs (VA) disability income, less total monthly income, less physical pain, lower quality of life overall and in the psychological health domain, lower community reintegration satisfaction, and more severe anxiety. Groups did not significantly differ on cognitive measures. A subsequent logistic regression revealed that only younger age uniquely predicted variance in SI endorsement. Younger age may be a particularly important factor to consider when assessing suicide risk in Veterans at risk for homelessness. Identifying predictors of variance in SI may help inform future treatment and suicide prevention efforts for Veterans at risk for homelessness. Future longitudinal research examining predictors of suicidality is warranted. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

<https://doi.org/10.1037/fam0000949>

Risk and protective factors predictive of marital instability in U.S. military couples.

Pflieder, J. C., Richardson, S. M., Stander, V. A., & Allen, E. S.

Journal of Family Psychology
Advance online publication

The objective of this study was to predict marital instability from a range of risk and protective factors in a large, representative cohort of military couples participating in the Millennium Cohort Family Study. Online and paper surveys were administered to service members and their spouses in 2011–2013, which captured couples' demographic and background characteristics, family stressors, military experiences, and mental health risk factors as well as protective factors including family communication, and military support and satisfaction. Approximately 3 years later, change in marital status was examined among participants who completed a follow-up survey ($n = 6,494$ couples). Hierarchical logistic regression models indicated that couples' younger age, lower education, childhood trauma, spouse employment status, mental health, and lower levels of communication contributed significant unique risk for marital instability. Moderation analyses by service member gender and spouse military status revealed that social isolation increased odds of marital instability for couples in which the service member was male but was not evidenced for couples in which the service member was female. Further, combat experience increased odds of marital

instability for couples in which the service member was married to a veteran spouse but not for service members married to a dual-military or civilian spouse. Findings from this study can be used to target specific couple risk factors for marital instability and to tailor programs to at-risk subgroups. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

<https://doi.org/10.1037/cfp0000210>

Emotionally focused couple therapy within VA healthcare: Reductions in relationship distress, PTSD, and depressive symptoms as a function of attachment-based couple treatment.

Ganz, M. B., Rasmussen, H. F., McDougall, T. V., Corner, G. W., Black, T. T., & De Los Santos, H. F.

Couple and Family Psychology: Research and Practice
Advance online publication

Emotionally Focused Couple Therapy (EFT) is a well-established, attachment-based treatment for relationship distress. This study seeks to further previous research by examining the impact of EFT on veterans' and their partners' symptoms of posttraumatic stress disorder (PTSD), depression, and relationship distress, in a real-life clinical setting. The present study uses dyadic data analyses to test three hypotheses: from pre to posttherapy veterans and their partners would report (a) increases in relationship satisfaction and decreases in (b) PTSD and (c) depression symptoms. In addition, we tested whether diagnostic status at the start of therapy, that is, meeting clinical criteria for that outcome, moderated the changes. Data were collected as part of routine care at an outpatient clinic at a Veterans Affairs (VA) Hospital. The sample consisted of 29 couples. Pre and postmeasures were obtained at the first and final sessions ($M_{sessions} = 15.52$ $SD = 7.19$). Multilevel models examining changes across time for all partners found that the difference between pre and posttherapy scores for relationship satisfaction ($b = 10.85$, $p < .01$) and depression symptoms ($b = -1.61$, $p < .05$) was significant. Moreover, diagnostic status moderated treatment effects for all outcomes: the difference between pre and posttherapy scores was significant for partners who met clinical criteria for relationship distress ($b = 13.93$, $p < .001$), PTSD ($b = -12.39$, $p < .01$), and depression ($b = -7.64$, $p < .001$). Although PTSD and depression are not the focus of treatment, results indicate EFT is effective at reducing

relationship distress and individual symptomatology in veterans and their partners.
(PsycInfo Database Record (c) 2021 APA, all rights reserved)

<https://doi.org/10.1093/milmed/usab514>

An Education Intervention to Improve Knowledge of Post-Traumatic Stress Disorder Symptoms and Treatments Among U.S. Women Service Members and Veterans.

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Elizabeth Scannell-Desch, PhD, USAF, NC (Ret.)

Military Medicine

Published: 24 December 2021

Introduction

Due to decades of prolonged combat operations, post-traumatic stress disorder (PTSD) is widely discussed and generally well conceptualized. The objective of this study was to determine if an educational program on the signs and symptoms of PTSD and an explanation of the current treatments utilized by the Veterans Administration is effective in increasing the knowledge levels of women service members and veterans, leading to seeking treatment.

Materials and Methods

The design of this study was a quantitative pretest/posttest interventional study. The educational program was conducted at a Senior Citizen Center. The population was a purposive sample of 44 women service members and veterans from a military base in New Jersey. A 25-item PTSD Knowledge Questionnaire developed for the earlier Web-Based Post-traumatic Stress Disorder Education for Military Family Members (2012) study was used as the pretest and posttest.

Results

The knowledge level of PTSD among women service members and veterans who participated in this study was significantly higher after completing the educational program with 43% indicating that they would seek mental health care.

Conclusions

Women service members and veterans were ill-informed on the signs, symptoms, and

treatment options of PTSD. If the results of this survey are an indicator of the knowledge level of women service members in broader populations, there is a need to restructure how those who are at risk of developing PTSD are educated. Through better educational programs, women and men could seek care with increasingly favorable long-term outcomes.

<https://doi.org/10.1093/sleep/zsab259>

Abnormal rapid eye movement sleep atonia control in chronic post-traumatic stress disorder.

John C Feemster, Tyler A Steele, Kyle P Palermo, Christy L Ralston, Yumeng Tao, David A Bauer, Liam Edgar, Sonia Rivera, Maxwell Walters-Smith, Thomas R Gossard, Luke N Teigen, Paul C Timm, Jarrett W Richardson, R Robert Auger, Bhanuprakash Kolla, Stuart J McCarter, Bradley F Boeve, Michael H Silber, Erik K St. Louis

Sleep

Published: 27 December 2021

Study Objectives

Post-traumatic stress disorder (PTSD) and rapid eye movement (REM) sleep behavior disorder (RBD) share some common features including prominent nightmares and sleep disturbances. We aimed to comparatively analyze REM sleep without atonia (RSWA) between patients with chronic PTSD with and without dream enactment behavior (DEB), isolated RBD (iRBD), and controls.

Methods

In this retrospective study, we comparatively analyzed 18 PTSD with DEB (PTSD+DEB), 18 PTSD without DEB, 15 iRBD, and 51 controls matched for age and sex. We reviewed medical records to determine PTSD clinical features and quantitatively analyzed RSWA. We used nonparametric analyses to compare clinical and polysomnographic features.

Results

PTSD patients, both with and without DEB, had significantly higher RSWA than controls (all $p < .025$, excepting submentalis phasic duration in PTSD+DEB). Most RSWA

measures were also higher in PTSD+DEB than in PTSD without DEB patients (all $p < .025$).

Conclusions

PTSD patients have higher RSWA than controls, whether DEB is present or not, indicating that REM sleep atonia control is abnormal in chronic PTSD. Further prospective studies are needed to determine whether neurodegenerative risk and disease markers similar to RBD might occur in PTSD patients.

<https://doi.org/10.1080/13811118.2021.2020190>

Suicide Exposure and the Impact of Client Suicide: A Structural Equation Modeling Approach.

Ruth Van der Hallen

Archives of Suicide Research
2021 Dec 28; 1-13

Objective:

Client suicide, used to refer to situations where a mental health practitioner (MHP) is exposed, affected, or bereaved by a client's suicide, is known to have a profound impact on MHPs. The current study investigated (1) the short- and long-term impact of client suicide and (2) to what extent gender, years of experience, therapeutic background, and exposure to suicidality predicted impact.

Methods:

An international sample of 213 mental health practitioners completed an online survey on the impact of client suicide.

Results and conclusion:

Overall, results indicate MHPs are significantly affected by client suicide. A two-factor model in which impact of client suicide was predicted by two latent variables, MHP Characteristics and Exposure to Suicidality, explained 43% of short-term, 69% of long-term emotional, and 60% of long-term professional impact. Whereas MHP characteristics did not significantly predict any of the three impact variables ($ps > .05$), Exposure to Suicidality significantly predicted all three outcome variables ($ps < .001$). Interestingly, lived experience or exposure to suicidality of friends/family members

predicted more impact, while exposure to suicidality at work predicted less impact of client suicide. Implications for both research and clinical practice are discussed.

HIGHLIGHTS

- MHPs are significantly affected by client suicide
- Previous exposure to suicidality predicts the impact of client suicide
- MHP characteristics do not predict the impact of client suicide.

<https://doi.org/10.1080/08995605.2021.1982632>

Understanding risk in younger Veterans: Risk and protective factors associated with suicide attempt, homelessness, and arrest in a nationally representative Veteran sample.

Emily R. Edwards, Ariana Dichiara, Molly Gromatsky, Jack TsaiORCID Icon, Marianne Goodman & Robert Pietrzak

Military Psychology

Published online: 27 Dec 2021

Accumulating research suggests unique patterns of suicide risk, homelessness, and criminal-justice involvement in younger (age < 40) relative to older (aged 40+) cohorts of Veterans. However, potential explanations for these differences remain unclear. To address this gap, we analyzed data from a nationally representative sample of more than 4,000 US military Veterans to compare risk and protective correlations of prior suicidal behavior, homelessness, and justice-involvement in younger versus older Veterans. Results revealed that younger Veterans were significantly more likely than older Veterans to have a history of suicide attempt(s) (13.9% vs. 2.7%) and homelessness (22.5% vs. 8.7%). They also scored higher on measures of risk factors and lower on measures of protective factors. However, some factors – specifically, resilience, grit, impulsiveness, perceptions of the effect of the military on one’s life and social support – were less strongly associated with a history of adverse events in younger versus older Veterans. Findings highlight the need for preventative homelessness and mental health services for younger Veterans that are tailored to the unique characteristics and needs of this age cohort.

Links of Interest

Life as a Male Military Spouse

<https://www.militaryonesource.mil/family-relationships/spouse/military-life-for-spouses/life-as-a-male-military-spouse/>

The Army has an alarming suicide problem in Alaska, despite flooding area with resources

<https://www.usatoday.com/story/news/politics/2022/01/27/army-suicides-alaska-mental-health/6620755001/>

Millions of military kids serve as caregivers. They need help too.

<https://www.militarytimes.com/pay-benefits/2022/01/26/millions-of-military-kids-serve-as-caregivers-they-need-help-too/>

Staff Perspective: Post-Holiday Blues – A Common “Seasonal Depression”

<https://deploymentpsych.org/blog/staff-perspective-post-holiday-blues---common-seasonal-depression>

Why Less Sunlight in the Wintertime Can Put You at Risk of Depression

<https://www.health.mil/News/Articles/2021/12/07/Why-Less-Sunlight-in-the-Wintertime-Can-Put-You-at-Risk-of-Depression>

Tips for Veterans Navigating Seasonal Depression: Don't Get SAD, Get Prepared

<https://www.rallypoint.com/command-post/tips-for-veterans-navigating-seasonal-depression-don-t-get-sad-get-prepared/>

Air Force general openly shares his mental health appointment: ‘Warrior heart. No stigma’

<https://taskandpurpose.com/news/air-force-general-mike-minihan-mental-health-appointment-twitter/>

Resource of the Week – [Monthly Webinar Series for 2022: CDP Presents](#)

To register for these webinars and other upcoming training events, visit

<https://deploymentpsych.org/training> For more information, please contact Project Manager: Micah Norgard at micah.norgard.ctr@usuhs.edu

12:00pm to 1:30pm ET, hosted in Zoom
Attendance is free and includes 1.5 continuing education credits

February 16th	Using Emotionally Focused Therapy with Military Couples Presented by Elizabeth Polinsky, LCSW, RMFT
March 16th	CogSMART/Compensatory Cognitive Training for Service Members and Veterans with Neuropsychiatric Conditions Presented by Elizabeth Twamley, PhD
April 13th	Building Resilience in Young People Presented by Kenneth Ginsburg, MD, MS Ed
May 10th	Psychological Practice with Transgender and Gender Nonconforming Presented by Jacob Eleazer, PhD, LP
June 21st	Treating PTSD and Co-Occurring Substance Use Disorders using Prolonged Exposure Presented by Sudie Back, PhD
July 20th	Dancing with Ambivalence in Psychotherapy: Moving between Motivational Interviewing and EBPs with Balance and Grace Presented by Onna Brewer, PhD
September 22nd	Dyadic Interventions: Involving Significant Others in Suicide Prevention Presented by Alexis May, PhD
October 12th	Debunking Common Misperceptions about Sleep Interventions Presented by William Brim, PsyD, Timothy Rogers, PhD, Carin Lefkowitz, PsyD, Diana Dolan, PhD, and Maegan Paxton Willing, PhD, MPH
November 9th	Psychological Flexibility Training to Enhance Resilience in Service Members Presented by Wyatt Evans, PhD, ABPP
December	<i>TBD...stay tuned!</i>

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